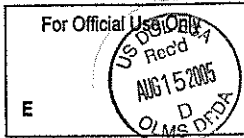


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7452</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Charles</u> <u>Lee</u>  P.O. Box, Bldg., Room No., if any  Street <u>3955 Wooddale Drive</u>  City <u>Little Rock</u>  State <u>Arkansas</u> ZIP Code + 4 <u>72209-6762</u>	4. Name, file number, and address of labor organization. Name <u>United Food and Commercial Workers, Local 2008</u>  Labor Organization File Number <u>529-174</u>  P.O. Box, Building and Room Number, if any <u>Suite A</u>  Street <u>7924 Interstate 30</u>  City <u>Little Rock</u>  State <u>Arkansas</u> ZIP Code + 4 <u>72209-2900</u>
5. Position in labor organization. <u>Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.        7.b. Amount.        

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Charles Lee

On

8/9/05

Date

(501) 565-6306

Telephone Number

Name of Person Filing <b>Charles Lee</b>	File Number <b>U-</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Dennis G. Jenkins, C.P.A.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Building 1200, Suite 1250**

Street **1301 Shiloh Road**

City **Kennesaw**

State **Georgia** ZIP Code + 4 **30144-7163**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

11.a. Nature of such dealing.

**Local Union Auditor**

11.b. Approximate dollar value of such dealing.

**\$7,500**

12.a. Nature of interest held or income received.

**Christmas Gift - Ham**

12.b. Amount.

**\$50**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Charles Lee	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name South Central UFCW Unions & Employers H&W Tr

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 310

Street 1800 Phoenix Boulevard

City Atlanta

State Georgia ZIP Code + 4 30349-5559

11.a. Nature of such dealing.

Trust Fund provides Health and Welfare Benefits to members of the Local Union.

11.b. Approximate dollar value of such dealing.

\$50,732,966

12.a. Nature of interest held or income received.

Hotel, travel, and meal expenses related to attending regular Trust Fund Meeting in Houston, Texas on 7/12-13/04.

12.b. Amount.

\$485

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.